

PTO/SB/97 (08-03)

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ATTACHED- AMENDMENT - 9 pages;

- REQUEST FOR CONTINUED EXAMINATION  
PTO/SB/30, in duplicate;
- PETITION FOR ONE MONTH EXTENSION (PTO/SB/22),  
in duplicate; and
- FEE TRANSMITTAL (PTO/SB/17), in duplicate.

CUSTOMER NO.: 24498  
Serial No.: 10/518,999  
Docket No.: PU020319  
Art Unit: 2623  
Examiner: Hunter B. Lonsberry

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET:16

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PTO/SB/17 (01/06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4616).

**FEE TRANSMITTAL**  
for FY 2007☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 910.00

## Complete if Known

Application Number	10/518,999
Filing Date	December 21, 2004
First Named Inventor	Scott Allan Kendall
Examiner Name	Hunter B. Lonsberry
Art Unit	2623
Attorney Docket No.	PU020319

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## METHOD OF PAYMENT (check all that apply)

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## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Small Entity	Fee (\$)	Fee (\$)
50		25

Each independent claim over 3 (including Reissues)

Small Entity	Fee (\$)	Fee (\$)
200		100

Multiple dependent claims

Small Entity	Fee (\$)	Fee (\$)
360		180

## Total Claims

## Extra Claims

Fee (\$)

Fee Paid (\$)

## Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- or HP = 0 x \$50 = \$

HP = highest number of total claims paid for, if greater than 20.

## Independent Claims

## Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP = 0 x \$200 = 0

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

## 4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **FEE FOR ONE MONTH EXTENSION - \$120.00****RCE FEE****- \$790.00**

Fees Paid (\$)

**\$910.00**

## SUBMITTED BY

Name (Print/Type)	<b>BRIAN J. CROMARTY</b>	Registration No.	<b>L0027</b>	Telephone	<b>(609) 734-6804</b>
Signature		Address/Agency			<b>April 7, 2008</b>

This collection of information is required by 37 CFR 1.136. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.136. This information is submitted to the USPTO to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.136. Any comments on the accuracy of this information should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460. If you need assistance in completing the form, call 1-800-PTO-9193 and select option 2.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4616).

# FEE TRANSMITTAL

## for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**910.00**

Complete if Known

Application Number **10/518,999**  
Filing Date **December 21, 2004**  
First Named Inventor **Scott Allan Kendall**  
Examiner Name **Hunter B. Lonsberry**  
Art Unit **2623**  
Attorney Docket No. **PU020319**

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## Fee Description

Each claim over 20 (Including Reissues)

Each independent claim over 3 (Including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- or HP =		\$50	\$

HP = highest number of total claims paid for, if greater than 20.

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- or HP =	0	\$200	0

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		


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Other (e.g., late filing surcharge): **FEE FOR ONE MONTH EXTENSION - \$120.00**  
**RCE FEE - \$790.00**

**\$910.00**

SUBMITTED BY

Name (Print/Type)	<b>BRIAN J. CHOMARTY</b>	Registration No.	<b>L0027</b>	Telephone	<b>(609) 734-8804</b>
Signature					<b>April 7, 2008</b>

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